

Diva Arts Dance Studio
PERSONAL INFORMATION SHEET
APPLICATION

Date: _____

Applying for Scholarship ___ Yes OR ___ No

LAST NAME FIRST NAME NICKNAME

ADDRESS

CITY STATE ZIP

PARENT/GUARDIAN

Child's Age: _____ D.O.B: _____ School: _____

(MOM) HOME PHONE _____ (DAD) HOME PHONE _____

WORK PHONE _____ WORK PHONE _____

CELL PHONE _____ CELL PHONE _____

EMAIL ADDRESS: _____

****In case parents/guardians cannot be reached, please contact: (must be at least 21 yrs. old)**

Emergency Contact _____ Relationship _____

Address _____

Contact Number: (HOME) _____ (CELL) _____ (ALT) _____

Physician's Name _____ Phone _____

Hospital preference _____

Medical Insurance _____ Subscriber _____

Policy # _____ Group# _____ Relationship _____

Other Insurance _____

Complete the following entirely. Please print N/A on line(s) that do not apply to your child. **DO NOT LEAVE BLANK.**

- a. My child has the following medical condition(s): _____
- b. My child takes the following medications regularly: _____
- c. My child has the following allergies: _____

My signature below grants written permission for my child to participate with Arts & Academics for Excellence under the auspices of Diva Arts & Entertainment, Inc., (DA&E); and I hereby waive, release, absolve, indemnify and agree to hold harmless DA&E, its staff thereof and any other individual, group, organization or corporation affiliated with DA&E, for any claim arising out of any injury to the participant/my child.

Parent/Guardian signature _____ Date: _____

FOR OFFICE USE ONLY: Scholarship

Approved: _____ Disapproved _____ Director Signature _____

Deposit Amt. Pd. _____ Date: _____